

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073592 (5)

1. Corporation Name
B & G PLUMBING SEWER & DRAIN SPECIALIST, INC.

Principal Place of Business Mailing Address
**10641 TARA DAWN CIRCLE
PENSACOLA FL 32534**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/03/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

4. FEI Number **59-3276134** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BARNES, WILLIAM T
10641 TARA DAWN CIRCLE
PENSACOLA FL 32534**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4.28.95**

12. OFFICERS AND DIRECTORS
TITLE **D**
NAME **BARNES, WILLIAM T**
STREET ADDRESS **10641 TARA DAWN CIRCLE**
CITY - ST - ZIP **PENSACOLA FL 32534**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **PRESIDENT** Change Addition
1.2 NAME **BARNES, WILLIAM T**
1.3 STREET ADDRESS **10641 TARA DAWN CIRCLE**
1.4 CITY - ST - ZIP **PENSACOLA, FL 32534**
2.1 TITLE **VICE PRESIDENT** Change Addition
2.2 NAME **CHAMPLIAN, MARK**
2.3 STREET ADDRESS **10641 TARA DAWN CIRCLE**
2.4 CITY - ST - ZIP **PENSACOLA, FLORIDA 32534**
3.1 TITLE **SECRETARY/TREAS.** Change Addition
3.2 NAME **BARNES, JERRI**
3.3 STREET ADDRESS **10641 TARA DAWN CIRCLE**
3.4 CITY - ST - ZIP **PENSACOLA, FLORIDA 32534**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed) or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **4.28.95**